FOR INSTRUCTIONS, SEE BACK OF FORM	LV 002	FORM	CTATEMENT
CHECK ONE:	and the second	DR-1	STATEMENT
This is an initial* Statement of Organization	Reset Form		OF ORGANIZATION
*An initial Statement of Organization	And the second s	(Rev. 01/2006) For Office Use	
*An initial Statement of Organization must be filed within 10 days of the cormaking expenditures, or incurring indebtedness exceeding \$750. Amending a change. Penalties may be imposed for late-filed Statements of Organization	mmittee's accepting contributions,	Comm. #	<u>Dilly</u>
a change. Penalties may be imposed for late-filed Statements of Organiza committee that exceeds \$750 in activity for another office shall file within	tion. A candidate with an open	indexed	
committee that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information concerning the campaign for the new office so	days either a new or amended	Audited Computer	
o annual and company nor the new office so	liant		
COMMITTEE NAME π π (A candidate's committee must include the	candidate's last name in the name of	the committee.)	
GOEMAAT FOR Shanile		·	
IMPORTANT: Indicate type of committee you are reporting for:			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (5) County Candidate (6) City Candidate (7) School Board or Other (10) School Board or Other Political Subdivision PAC (11) Local Bal)Statewide PAC (3)State Party (4)	County Central Co	ommittee
(10) School Board or Other Political Subdivision PAC (11) Local Bal	lot Issue(including committee invol	County PAC (9)C	City PAC
COMMITTEE TREASURED (mandaton, for all assessing)			
Name π π Dody De Vvies Mailing Address π π	COMMITTEE CHAIR (manda	tory except for a c	andidate's committee)
Mailiand De Vries	Name # Barbara	comest	
987 210 40 81000	Mailing Address π π		
City, State π π Zip Code π π			
City, State π π π Zip Code π π π Zip Code π π Zip Code π π Zip Code π π π π Zip Code π π π π π Zip Code π π π π Zip Code π π π Zip Code π π π π Zip Code π π π π Zip Code π π π π π π			
Phone (641) 628-1173			
INDICATE PURPOSE OF COMMISSION, net e-Mail			
e-Mail dodyd @ icwatelecom.net e-Mail INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s)			
All Candidates Enter:	County/Local Candidates an	ocate against ballo	tissue(s) I
Office Sought: Sheriff			
Political Party (if applicable) Republican County: Marion (If active in multiple ballot issue elections, attach list of counties			
DISITICT:			
Year Standing for Election:			
Bank Account Name π π	Candidate name & Address or Pa	rent Entity (PACs	if applicable)
	π π Aff	iliate, or Sponsor	ii applicable),
Community 1st	Ron Goeman	c+	
Name of Financial Institution/type of Account π π	Mailing Address π π		
500 Main St.	1425 250 46	Aue .	CAINZ
Mailing Address π π	City π π	State π π	7in # #
	Leighton	Ia	
Pella In 50219			
$\frac{\text{Pella}}{\text{City}} \frac{\text{Ta}}{\pi} \frac{502/9}{\text{State } \pi} = \frac{502/9}{\pi}$			
	Phone (641) 626 - 3		
City π π State π π Zip π π	Phone (641) <u>626 - 3</u> e-Mail		
	Phone (641) <u>626 - 3</u> e-Mail		
City π π State π π Zip π π	Phone (641) <u>626 - 3</u> e-Mail	243	3B and the administrative
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